

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000021925

FILED
Feb 02, 2006
Secretary of State

Entity Name: HEALTHCARE SPECIALTY TRANSACTION SERVICES, LLC

Current Principal Place of Business:

19333 COLLINS AVENUE
#2605
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 US

Current Mailing Address:

19333 COLLINS AVENUE
#2605
SUNNY ISLES, FL 33160 US

New Mailing Address:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURGESS, ROGER
19333 COLLINS AVENUE
#2605
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

BURGESS, ROGER
3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROGER BURGESS

02/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURGESS, ROGER
Address: 19333 COLLINS AVENUE
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURGESS, ROGER
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROGER BURGESS

MGR

02/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date